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7590

03/16/2004

Michael F. Scalise  
 Hodgson Russ LLP  
 One M&T Plaza, Suite 2000  
 Buffalo, NY 14203-2391



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Rosemarie Contella

(Depositor's name)

(Signature)

April 2, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/847,678	05/02/2001	Christine A. Frysz	04645.0862	4808

TITLE OF INVENTION: MISMATCHED COMPRESSION GLASS-TO-METAL SEAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILLS, MONIQUE M	1746	429-184000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael F. Scalise

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wilson Greatbatch Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

10,000 Wehrle Drive  
 Clarence, New York 14031

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502460 (enclose an extra copy of this form).

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April 2, 2004

(Authorized Signature)

Michael F. Scalise

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